

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A	20	03/16/01
O.I.P.E. CLASSIFIER		4/4	
FORMALITY REVIEW	7M	TCB 611	4/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-3-02
2	✓	✓	5-2-03
3	✓	✓	11-11-01
4	✓	✓	11-11-01
5	✓	✓	11-11-01
6	✓	✓	11-11-01
7	✓	✓	11-11-01
8	✓	✓	11-11-01
9	✓	✓	11-11-01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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8-2-01  
 4/12/01